



**PATENT**

I hereby certify that this correspondence and the enclosures are being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2004.

  
Kurt L. Grossman, Esq., Reg. No. 29,799

  
Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No.: 09/978,457  
Filed: October 16, 2001  
Group Art Unit: 3763  
Examiner: Kathryn L. Thompson  
Applicant: Joseph J. Chang  
Title: **Safety Intravenous Catheter**  
Atty Docket: 56301P579D (MDXVA-33DV-114)  
Confirmation No.: 5126

Cincinnati, Ohio 45202

September 9, 2004

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith is a Response with RCE in response to the Official Action mailed April 20, 2004.
2. ☐ Small Entity status of this application under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Enclosed is a verified statement to establish Small Entity status.  
☒ Other than a Small Entity.

09/14/2004 TBESHAWI 00000016 233000 09978457

02 FC:1252 10.00 DA 410.00 DP

3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	11	MINUS	20		x \$9	\$0	x \$18	\$0
INDEP.	1	MINUS	3		x \$43	\$0	x \$86	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+\$145	\$0	+\$290	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$0

- ☐ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☐ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☐ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

\_\_\_ No additional fee for claims is required.

4. Attached is a check in the sum of \$0.00.

\_\_\_ Please charge my Deposit Account No. 23-3000 in the amount of \$\_\_\_\_.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

- (a) X Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
—	one month	\$ 110.00	\$ 55.00
<u>X</u>	two months	\$ 410.00	\$205.00
—	three months	\$ 930.00	\$465.00
—	four months	\$1,450.00	\$725.00
—	five months	\$1,970.00	\$985.00

Extension fee due with this request \$410.00.

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

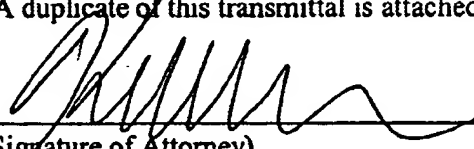
— An extension for \_\_\_ months has already been secured and the fee paid thereof of \$\_\_\_ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$\_\_\_.

OR

(b) — Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

WOOD, HERRON & EVANS, L.L.P.  
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(Signature of Attorney)

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